

	<p>PO Box 10509 Wellington Phone: 0800 286 801 www.mcnz.org.nz</p>
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Registration information for final year Australian medical students

Please take the time to read this information before completing your application.

The Health Practitioners Competence Assurance Act 2003

As you will soon complete your undergraduate medical studies, it is important that you are aware of your statutory obligations as a registered medical practitioner under the Health Practitioners Competence Assurance Act 2003 (HPCAA). The purpose of the HPCAA is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their profession. You can see this legislation online at www.moh.govt.nz/hpca or www.legislation.govt.nz.

The Medical Council of New Zealand is responsible for administering this legislation. The functions of Council include authorising the registration of medical practitioners, maintaining the register, considering applications for practising certificates, reviewing the competence and fitness to practise of medical practitioners and promoting medical education and training in New Zealand. Throughout your career as a medical practitioner you will be under the jurisdiction of the Medical Council of New Zealand. It is an offence to practise medicine if you are not registered and do not hold a current practising certificate. A penalty of up to \$10,000 is payable if an offence is proven.

Getting registered – the process

If you expect to work as a doctor in New Zealand after you finish your medical degree, you must apply for registration using the enclosed form. Please use the **attached checklist** to help you complete the documentation as required. You must fully complete your application form. Your registration application will take up to 20 working days to process from when a complete application is received.

Please note that you cannot apply for registration until your medical degree has been conferred and you have applied to have your degree primary source verified (see below for more information). This will likely mean that you will not be able to start work in November with your cohort.

Please scan and email your complete application to graduates@mcnz.org.nz or post it to PO Box 10509, Wellington, 6143. Please do not email **and** post an application.

If we require further information at any stage during the processing of your application we will contact you through email. Once an application has been processed you will be notified through email. Hence, it is important to provide us with a **current and reliable** email address.

You will be charged a fee of \$NZ222.17 once you have submitted your application. You will be sent a link to make payment online once your complete application has been received. You will receive a receipt for this payment through email, five working days after payment has been received. There will also be an individualised practising fee applicable at the time you attend your registration interview. More information about this fee will be provided to you once you have applied and been issued a letter of eligibility for registration.

Primary Source Verification

The Medical Council of New Zealand (MCNZ) has partnered with the Educational Commission for Foreign Medical Graduates (ECFMG) to primary-source verify documents required for registration.

Before you submit your registration application you must have submitted your primary medical qualification to [EPIC](#) for verification. You do not need to wait until your document is verified before submitting your application. As you upload your primary medical degree to EPIC, please ensure you select the Medical Council of New Zealand from the list of organisations provided to receive a notification that the document has been submitted for verification. If you have already had your primary medical degree verified by EPIC, please make the report available to the Medical Council of New Zealand.

If you have questions regarding EPIC's services—such as creating an EPIC Account, uploading your documents, managing your portfolio, the verification process, sending verification reports, or fees—please contact EPIC at info@ecfmgepic.org or +1 (215) 966-3900. Telephone assistance is available Monday through Friday, 9:00 a.m. - 5:00 p.m., Eastern Time in the United States.

Letter of Standing

With your application you must include a copy of a letter from your Dean confirming that you are in good standing with your University. You will be required to bring this original letter from your Dean to your registration interview.

Registration Interview

Before you commence work in New Zealand you will need to attend a registration interview with a Medical Council agent. The purpose of this interview is to confirm your identity and sight your documentation. Once your application has been processed you will receive further information about where the Council Agents are located and what you are required to bring to this interview. At this registration interview you will be required to pay a practising certificate fee.

By the time you are attending your registration interview your primary medical qualification must have been verified by EPIC.

Practising Certificate

Once you have attended your registration interview, all required documentation has been sighted and your practising certificate fee is paid for, you will be sent a practising certificate via email. Your practising certificate will specify the name of the DHB at which you work. If you change employment, you **must** notify Council in advance so that your practising certificate can be amended before you assume a new position.

Your practising certificate fee will be calculated based on when you start work and on your month of birth. The initial fee charged will vary between \$391.36 to \$978.40. You will be informed of your practising certificate fee once your application has been processed. Once you are on your practising certificate cycle you will be charged a yearly fee of \$782.72 (subject to change) at the same time every year.

MyMCNZ

myMCNZ is the Medical Council's online portal for doctors. All practising certificate renewal applications should be submitted through this portal. Additionally, myMCNZ allows you to update your contact information, obtain a copy of your practising certificate, access copies of invoices and receipts and request a certificate of professional status. You will receive further instructions by email and a validation code (PIN) by post before you need to renew your practising certificate. Should you wish to create a myMCNZ account before this time you are welcome to contact our myMCNZ support team on 0800 636 555 after you have been granted registration.

Registration Number

Your first practising certificate will contain your unique registration number which you can use (in addition to your name) on prescription forms, ACC forms, etc. Your registration number will be clearly stated on your practising certificate and you will be asked to quote it on all future correspondence with the Medical Council.

Online Medical Register

Your registration number, name, registered address, qualifications, registration status and registration dates, as well as any conditions imposed on your registration or practising certificates will be listed on the medical register, which is available to the public. This information will be made available to the Ministry of Health under a data provision agreement for the purposes of the Health Practitioners Index. Under this agreement your date of birth and gender will also be made available for identification purposes only.

You will be able to check your register entry (once you start work) on Council's online register. You can find the online register by going to the Council's homepage: www.mcnz.org.nz.

Your registered addresses

The HPCAA requires doctors to notify Council of three addresses:

- residential address
- work address
- postal address.

Your work address is automatically designated your registered address. Your **registered** address is publicly available information unless you inform us that you would prefer to keep it confidential. Your postal address may be the same as either your work or residential address. Whichever address you choose as your postal address must be reliable and accurate at your November start date. (If you do not know where you will be living then, select your work address as your postal address.) Once you are registered you have a statutory obligation to notify Council promptly of any change to your residential, work and postal addresses. You must do this via your myMCNZ account.

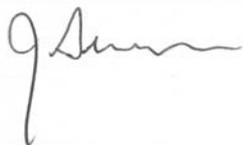
Resources

When your practising certificate is sent to you, you will also receive some information about practising medicine in New Zealand. Please familiarise yourself with these publications as they will be relevant to your day to day medical practice. These resources provide information on everything you need to know during your first year as a medical practitioner, including what you must achieve to be eligible to apply for registration in a general scope of practice. Registration in a general scope is not automatically granted – you will need to **apply** at the end of your first post graduate year (PGY1).

Contact

There may be some information in this application that you are unsure about. You are also welcome to contact **Trudy Rook**, Registration Coordinator, or **Rachel Warren**, Registration Coordinator at the Council office if you need more information or help. Phone 0800 286 801 (extn 860 for Trudy or extn 881 for Rachel) or email: graduates@mcnz.org.nz.

Best wishes for the final weeks of your degree course.



Joan Simeon
CEO

Encl: Application checklist
Application form (REG2b)
Statement on Fitness for registration
Health disclosure information
Working towards registration in a general scope of practice

Applying for medical registration

Please use this checklist to make sure your application is complete before you send it to the Medical Council office

- Have you included evidence that you have submitted your primary medical degree to EPIC for primary source verification?
- Are your **email and postal addresses** correct and reliable? We need to be able to contact you at any time.
- Have you completed the section about convictions, discipline and health honestly? You have a legal and ethical obligation to make full **disclosure** of these issues.
- Have you included a copy of the personal details pages of your **passport**?
- Have you included a copy of the **letter from your Dean** of Medical School confirming your good standing? The original letter will need to be brought to your interview in New Zealand and dated within three months of your start date.
- You will be sent a link to make payment for your application fee online after your application has been submitted.
- Have you **completed** all sections of the application form including signing and dating section 4? If not we will have to send it back to you and ask you to do it again.
- Overseas students** - do you need evidence of your medical registration to be sent to an Immigration New Zealand office? If yes, please email Trudy Rook or Rachel Warren at graduates@mcnz.org.nz. Remember to give us details of who you want us to send this to.
- Please **submit** your registration application via email to graduates@mcnz.org.nz or post it to PO Box 10509, Wellington, 6143.



Application for registration: Australian graduates (Interns/PGY1)

REG2B – July 2017
For office use only

Reference No:

PO Box 10 509, The Terrace, Wellington, 6143, New Zealand
Contact: +64 4 384 7635 – 0800 286 801 – graduates@mcnz.org.nz

Please read the following as it contains important information.

- This form is only to be completed by Australian graduates who are intending to undertake their internship/PGY1 year in New Zealand.
- All sections of this form must be completed, and appropriate documentation and fee included, before sending to the Council office. Incomplete applications will not be processed.
- The information on this form is to enable Council to consider whether you may be registered and, if so, maintain a record of your employment and registration in New Zealand. This is personal information in terms of the Privacy Act 1993 and you may therefore apply to view it at any time and correct it if necessary.
- Items marked with ⚡ will appear on the medical register. The medical register is a public document. It also shows your registered scope of practice, any conditions on your scope, your practising certificate details and any suspension from the register, including conditions relating to that suspension.
- Items marked ⚡, as in addition to those marked ⚡⚡ will be made available to the Ministry of Health under a data provision agreement for the purposes of the Health Practitioners Index. If you do not wish your nominated address to appear in the medical register you must notify Council in writing.

SECTION 1 – Personal identification details

(i) **Name** - Show given names from your passport or birth certificate, unless your name has been legally changed (eg, by deed poll)

⚡ Family name _____

⚡ Given names _____

⚡ Other names (unmarried name, name change, alias etc) _____

If names differ from those on your medical qualifications or passport, please tick box to show reason.

marriage deed poll common use other (explain)

(ii) **Identification** - Please enclose a certified copy of the relevant pages from your passport/travel documents.

⚡⚡ Date of Birth / /
day /month / year

⚡⚡ Gender Male Female

(iii) **Address** - In accordance with section 140 of the Health Practitioners Act 2003 (HPCAA) you must provide Council with your current postal address, residential address, and work address. Your work address will automatically be designated your registered address. Your registered address is available to the public. All communications will be sent to your postal address. Please make sure you clearly print in BLOCK letters in full.

⚡ Postal address

⚡ Residential address (if differs from above)

⚡ Work address as stated this will be listed as your registered address

* Email Required:

Home Phone:

Cell phone:

(iv) Qualification - Primary qualification obtained on completion of a primary medical degree course.

Name of primary medical qualification

⊕ Abbreviation

⊕ Year graduated

⊕ Graduating university

SECTION 2 – Fitness for registration

This information is required (Section 16 of HPCAA) to ensure that no person is registered as a doctor in New Zealand who has not met the required standards of effective communication or English competency, or whose previous or current health or conduct may pose a risk to public health and safety.

(i) English communication and comprehension

All applicants for registration must satisfy Council that they are able to comprehend and communicate effectively in English by meeting one of the requirements listed below. Please tick the box below that applies. You are not eligible for registration unless you are able to meet one of the requirements.

- (a)** Did you complete your primary medical qualification in New Zealand? Yes No
- (b)** Is English your first language and do you have an acceptable primary medical qualification from Australia, the United Kingdom, the Republic of Ireland, the United States, Canada or a South African medical school where English is the sole language of instruction? Yes No
- (c)** Have you completed at least 24 months full time equivalent of a health-related postgraduate qualification (diploma, masters or PhD) at an accredited New Zealand university within the 5 years immediately prior to application and have you provided references from two professors from an accredited New Zealand university who are registered as doctors in New Zealand and who speak English as a first language. The referees must be able to attest to your ability to read, write, speak and understand spoken English. Yes No
- (d)** Have you worked continuously as a registered medical practitioner in an institution where English was the first and prime language for a period of at least 2 years within the 5 years immediately prior to submitting this application and have you provided referees who are suitable senior medical practitioners who speak English as a first language, and who can attest to your ability to comprehend and communicate effectively in English in a clinical setting with both patients and professional colleagues? Referees will be contacted for confirmation directly by the Council, or by an employer or recruitment agent. Yes No
- (e)** Were you registered with the Medical Council of New Zealand on or after 18 September 2004 and was your registration cancelled for administrative reasons (and not as a result of an order of the Health Practitioners Disciplinary Tribunal or a direction by the Council under section 146 or 147 of the HPCAA) and have you provided references from suitable senior medical practitioners registered in New Zealand who can attest to your ability to comprehend and communicate effectively in English in a clinical setting with both patients and professional colleagues? Referees will be contacted for confirmation directly by the Council, or by an employer or recruitment agent. Yes No
- (f)** Have you passed the Academic Module of the International English Language Testing System (IELTS) by achieving a minimum of the following within the same result (must be dated within 2 years of your application being submitted to the Medical Council of New Zealand): Yes No
- Speaking 7.5
 - Listening 7.5
 - Writing 7.0
 - Reading 7.0
- (g)** Have you passed the Medical Module of the Occupational English Test (OET) by achieving a minimum of 'A' or 'B' in each of the four components (reading, writing, listening and speaking) within one result (must be dated within 2 years of your application being submitted to the Medical Council of New Zealand). Yes No

(ii) Mental and physical condition

Have you ever been diagnosed with, or assessed as having a mental or physical condition with the capacity to affect your ability to perform the functions required for the practice of medicine? These include neurological, psychiatric or addictive (drug or alcohol) conditions, including physical deterioration due to injury, disease or degeneration.

Yes

No ▶ If No, please go to question (iii)

If yes, please provide full details of condition(s), duration of any treatment, name and contact details of treating practitioner(s), involvement of university/medical school. If information is not provided, a Council staff member will contact you.

If yes, can Council staff contact your treating practitioner(s) for further information?
Please note that if you answer 'No' your application for registration may be delayed.

Yes

No

(iii) Conduct/character

Convictions or investigations– Have you ever been the subject of a police investigation, and/or a criminal charge being laid by the police, and/or a guilty finding in a criminal proceeding including traffic offences involving alcohol or illegal substances.

(a) Disclosure is required even if the criminal proceedings resulted in discharge without conviction or a similar finding. (For NZ applicants, please note your rights under the Criminal Records (Clean Slate) Act 2004 before providing details of any criminal record).

Yes (If yes, please attach relevant documents, eg a certified copy of your conviction notice(s)).

No

Professional conduct – If you answer yes to any of the questions below, please provide the following with your application:

- a description of event(s) on a separate sheet (include claimant's name, date of incident, place of incident, date of claim and incident summary, outcome and date of outcome)
- any documentation available (court documents, legal correspondence, correspondence from your insurance company, correspondence from the university or regulatory authority(ies))
- certificates of good standing from every jurisdiction where you have worked for the previous 5 years, and from any jurisdiction(s) where the investigation(s) or proceeding(s) occurred (even if this was more than 5 years ago) if applicable.

(b)

(i) Did you, for any reason, have any time when you were not participating in your medical degree programme for more than two months?

Yes

No

(ii) Are you now, or have you ever been, the subject of university disciplinary proceedings or involved with the university's fitness to practise committee?

Yes

No

(iii) Are you currently, or have you ever been, the subject of an investigation, in New Zealand or in another country, in respect of any matter that may be the subject of professional disciplinary proceedings?

Yes

No

SECTION 3 – Employment and declaration

Proposed employment in New Zealand - Please attach letter of appointment.

Place of work

Contact person

Proposed length of employment

From / / to / /

SECTION 4 - Declaration

In making the following declaration, I confirm that I am aware that Council will make a decision on my registration in reliance on the information I have provided in my application and that the provision of false, misleading, or intentionally incomplete information may result in the cancellation of my registration and other penalties. I understand this includes:

Section 146 of the HPCAA allows the Council to cancel a person's registration if satisfied that they obtained registration by making a false or misleading representation or declaration; or that they were not entitled to be registered.

Section 172 of the HPCAA makes it an offence for a person to make false or misleading declarations and representations in relation to any information that is relevant to the Council, the Health Practitioners Disciplinary Tribunal or a Professional Conduct Committee. A person may be liable on summary conviction to a fine not exceeding \$10,000.

- I certify that I am the person who is applying for registration as a medical practitioner in New Zealand, that I am the person named in the qualifications listed on this application, and that the information I have given above and in support of this application is true and correct.
- I understand that the information that I have provided is to be used by the Council and its agents for the purposes of considering my application, and may be disclosed to agents of the Council for these purposes.
- I understand that the Council is authorised under the HPCAA to obtain further information from me or any other person or organisation concerning this application and I consent to the collection of such information by the Council or its agents subject to the Council notifying me of the person who will be contacted and of the questions that will be asked of them. I further understand that although the provision of any information by me is voluntary, refusal to provide any information may affect the Council's consideration of my application.
- I authorise the Council to disclose information about me (within the provisions of the Privacy Act 1993) to another agency(ies), if the Council believes on reasonable grounds that the disclosure is necessary (eg DHBs / employers, NZ Immigration Service, medical colleges, etc).
- I authorise Council to disclose information to the Education Commission of Foreign Medical Graduates (ECFMG) for the purposes of completing the primary-source verification process with the Electronic Portfolio of International Credentials (EPIC).
- I understand that I am entitled to access the information held by the Council regarding this application by a request in writing and that I may request amendment of any information that is not correct.

Applicant's signature

Date

SECTION 5 – Documents

Checklist – Please use the checklist below to make sure you have completed all sections of the application form and enclosed all the documents and fees required, as **incomplete applications will not be processed**.

- | | |
|---|--|
| <input type="checkbox"/> Letter of appointment (job offer) | <input type="checkbox"/> Copy of identification pages from your passport |
| <input type="checkbox"/> Letter of Good Standing from Dean of School (to be issued within three months of start date in NZ) | <input type="checkbox"/> Application fee if paying by cheque |

- Before submitting your application for registration you must submit your primary medical qualification to EPIC for primary source verification. As you upload each document to EPIC, please ensure you select the Medical Council of New Zealand to receive a notification that your qualification has been submitted for verification. If you have already had your documents verified by EPIC, please make the report available to the Medical Council.**

EPIC ID Number: _____

If applicable, certified copies of:

- | | |
|--|--|
| <input type="checkbox"/> Evidence of name change(s) | <input type="checkbox"/> Relevant medical reports |
| <input type="checkbox"/> Conviction notice(s) | <input type="checkbox"/> Disciplinary findings/decisions |
| <input type="checkbox"/> An explanation of any time out of your medical degree programme | <input type="checkbox"/> |

SECTION 6 – Intern fees

For a current list of Medical Council fees please visit www.mcnz.org.nz/fees

- Credit card: Once your application has been received payment details will be emailed to the email address you have provided on this form.
- Cheque enclosed: (NZ\$), please print your full name on the back of the cheque

For office use only:

Applicant's name:

Reference/registration No:

Workflow ID:



Fitness for registration – A statement for medical students

1. To be registered with the Council in accordance with the Health Practitioners Competence Assurance Act 2003 (HPCAA) your application for registration will be assessed to ensure your 'fitness for registration' as specified under section 16.
2. This statement describes the essential information that you must provide to the Council when making an application for registration, and tells you how the Council uses that information to assess your fitness for registration.
3. *Fitness for registration - core requirements*
In summary, the fitness for registration provisions in the HPCAA require you to satisfy the Council that you:
 - can communicate effectively for the purpose of practising within your scope of practice;
 - can communicate effectively in, and comprehend English;
 - have not been the subject of matters such as criminal convictions, disciplinary action or investigations that reflect adversely on your fitness to practice;
 - that you are not unable to perform the functions require for medical practice, because of some mental or physical condition
 - will not endanger the health or safety of members of the public

(This requirement comes from section 16 of the HPCAA, which is set out in full at the end of this statement)
4. When applying to be registered, you will therefore be required to answer specific questions relating to fitness for registration. Similar questions are asked each year when doctors renew their annual practising certificates. As would be expected, the HPCAA allows for considerable penalties (up to \$10,000) for false declarations and representations.
5. *Obligations to disclose matters*
The current 'Application for registration within the provisional general scope of practice in New Zealand' seeks specific information (with evidence if asked) on the following:
 - communication in English,
 - mental and physical conditions (including psychological, psychiatric, addiction to drugs or alcohol, physical deterioration from injury, disease or degeneration),
 - convictions by a court in New Zealand or elsewhere of any offence punishable by imprisonment of 3 months or longer,
 - any university disciplinary proceedings that you have been subject of,
 - any university fitness to practise committee matters that you have been subject of, for any matter (health, competence or conduct) which remain unresolved and/or requires ongoing monitoring and/or support
 - professional disciplinary proceedings in New Zealand or any other country.
6. As the Council is not directly informed if students break the law, it is your responsibility, and in your best interest to tell the Council of any convictions or other serious health issues or conduct findings. If you are in doubt about the seriousness of these, it is best to consult your Dean at an early stage.
7. *Notification by medical schools of certain health matters*
Under the HPCAA a person in charge of an educational programme in New Zealand eg, a dean of a medical school, who believes that a student who is completing a course would be unable to perform the functions required because of some mental or physical condition, must promptly give the Registrar written notice of all the circumstances.

Before making a notification, the person may seek whatever medical advice, whether psychiatric or otherwise, he or she considers appropriate to assist him or her in forming his or her opinion.

8. *Assessment and management by Council's Health Committee*
Disclosures will all be investigated and many will require no further action; or only a minimum involvement and the doctor will be registered and able to practise as normal.
9. The Council's Health Committee takes a rehabilitative constructive approach to doctors who have a mental or physical condition and works with them through a supportive monitoring programme to help them regain their fitness, usually while continuing to practise, while ensuring patients are also protected.
10. The Council has adopted "*HRANZ joint guidelines for registered health care workers on transmissible major viral infections*" which is available from Council's website (www.mcnz.org.nz).

If you have been given a diagnosis of HBV, HCV and HIV, you will need to send copies of any recent reports which will need to include clarification of your serology and specific advice you have been given.

11. The Council's usual practice when disclosures are made about matters of fitness to practise is to seek reports to satisfy itself that the new doctor has access to appropriate support, and if necessary, therapy, and that the health and safety of the public are not at risk.
12. *Who to contact for further information and advice*
If you are concerned about the contents of this statement and any events that may need to be declared in future when applying for registration, you should speak with the Dean or contact the Council directly.
13. Failure to declare the required information could well jeopardise you obtaining registration.
14. Gaining your medical education is an exciting and challenging time but is also stressful. Good habits built during the medical school years enable you to face the challenges ahead and maintain a balanced healthy lifestyle. Medical students' associations promote this aspect during your medical education and the Council urges you to become involved in their activities.

Disclosure of health condition

Requirement The Health Practitioners Competence Assurance Act 2003, requires the Council to be satisfied that applicant doctors are fit for registration and fit to practise. This is to ensure that doctors are able to perform the functions required for the practise of medicine.

Applicant must Applicants must declare if they have ever been, or are currently, affected by a physical or mental condition or impairment with the capacity to affect their ability to perform the functions required for the practice of medicine.

Website information Information is available on the website under Health at <http://www.mcnz.org.nz/Health>

The functions required of a practising doctor include:

- making safe judgments
- demonstrating the level of skill and knowledge required for safe practice
- behaving appropriately
- not risking infecting patients with whom the doctor comes into contact
- not acting in ways that impact adversely on patient safety.

Conditions that may impair a doctor's ability to perform those functions include:

- alcohol or drug dependence
 - psychiatric disorders
 - temporary stress reaction
-

- infection with a transmissible disease
- declining competence due to age related loss of motor skills or the early stages of dementia, and
- certain other illnesses and injuries.

Documents required

The doctor must attach to their application assessment and treatment information to inform Council about their fitness for registration. Specifically the information should include:

- the actual diagnosis given for any condition/illness
- a brief history of the condition
- a brief outline of treatment and management
- what impact the condition might have on the applicant's ability to perform the functions required to practise medicine, and what strategies are in place to minimise that impact
- a professional opinion from a key treatment provider on current health status and fitness to be registered and to practise.

Processing an application with a disclosure

Information provided is forwarded to Council's Health Committee to advise on the doctor's fitness for registration.

Depending on the circumstances, the Health Committee may request an independent assessment. This would apply if the condition is ongoing, a remitting or relapsing one, treatment recent, or if the doctor has not been well engaged in treatment with a relapse management plan.

Section 16 of the HPCCA - Fitness for registration

No applicant for registration may be registered as a health practitioner of a health profession if—

- (a) he or she does not satisfy the responsible authority that he or she is able to communicate effectively for the purposes of practising within the scope of practice in respect of which the applicant seeks to be, or agrees to be, registered; or*
- (b) he or she does not satisfy the responsible authority that his or her ability to communicate in and comprehend English is sufficient to protect the health and safety of the public; or*
- (c) he or she has been convicted by any court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of 3 months or longer, and he or she does not satisfy the responsible authority that, having regard to all the circumstances, including the time that has elapsed since the conviction, the offence does not reflect adversely on his or her fitness to practise as a health practitioner of that profession; or*
- (d) the responsible authority is satisfied that the applicant is unable to perform the functions required for the practice of that profession because of some mental or physical condition; or*
- (e) he or she is the subject of professional disciplinary proceedings in New Zealand or in another country, and the responsible authority believes on reasonable grounds that those proceedings reflect adversely on his or her fitness to practise as a health practitioner of that profession; or*
- (f) he or she is under investigation, in New Zealand or in another country, in respect of any matter that may be the subject of professional disciplinary proceedings, and the responsible authority believes on reasonable grounds that that investigation reflects adversely on his or her fitness to practise as a health practitioner of that profession; or*
- (g) he or she—*
 - (i) is subject to an order of a professional disciplinary tribunal (whether in New Zealand or in another country) or to an order of an educational institution accredited under section 12(2)(a) or to an order of an authority*

or of a similar body in another country; and

- (ii) does not satisfy the responsible authority that that order does not reflect adversely on his or her fitness to practise as a health practitioner of that profession; or*
- (h) the responsible authority has reason to believe that the applicant may endanger the health or safety of members of the public.*

Updated July 2018



Information you need to disclose if you have been, or are currently, affected by a mental or physical condition that has the capacity to affect your ability to practise

For those who need to answer 'Yes', please send us full details of the condition, the duration of any treatment, name and contact details of your treating practitioner(s), and outline any involvement of the university/medical school.

The information we need is:

- the actual diagnosis you have been given, with a brief history
- a brief outline of treatment and its efficacy, and relevant management, including what is in place to assist recovery, or to manage any chronic, progressive, or relapsing and remitting conditions
- how the condition has impacted on your ability to fulfil your study requirements, as well as your practice during your trainee intern year. If there are potential future impacts, any plans to manage these is relevant
- any potential risk to patients
- any professional advice you have had on your fitness to practise.

Ideally this should be supported by a report from your treating doctor covering the above points (any costs involved with obtaining this report must be met by you). There is also provision on the application form for you to give your consent for Council's Health Manager to contact your treating practitioner(s) for further information.

The information can be posted in an envelope marked 'Strictly confidential - attention Health Manager'. This will ensure it is referred unopened to the Health Team. Or, you can send it by email to: jhawken@mcnz.org.nz. Jo Hawken is the Health Case Manager at Council who follows up the information received from registration applicants.

What if you are not sure whether a condition you have would meet the threshold for disclosure?

We do not usually need information about:

- short-lived conditions which respond quickly to rest or treatment, and from which a full recovery is made
- medical problems that won't affect your ability to practise as a doctor.

You can discuss any specifics with Jo. She can be reached on 0800 286 801 extn 769 or at the email address above. You can also talk to your treating doctor, who is also welcome to speak to Jo.

What happens to the information I provide and who else at the Council can see it?

All health information provided is reviewed by Jo who, in consultation with Council's Health Manager, and if necessary the Health Committee Chairperson, determines whether additional information or advice is required to establish to what extent, if any, the condition(s) disclosed affect the doctor's ability to practise.

From time to time, all the information has to be provided to the Health Committee so that it can advise Council on fitness for registration and to practise, or it may also be provided direct to Council.

Otherwise, and this is the more usual course, a summary report of disclosures is all that is provided to the Health Committee. This shows each doctor's name, the diagnosis given, advice/information received (summary form) and decisions made.

How we manage conflicts of interest

The profiles of all Council members can be viewed on Council's website (www.mcnz.org.nz/about-us). Current Health Committee members as at June 2018 are Dr Pamela Hale (Chairperson), Dr Lu'isa Fonua-Faeamani, Ms Laura Mueller, and Mr Andrew Connolly.

If you believe there might be a conflict of interest for you, please let Jo know and outline your reasons. She will discuss with you how that will be managed.

Irrespective of a conflict, all Council members receive minutes of Health Committee meetings, as they oversee the minutes of all standing committees of Council. While the Health Committee's minutes are in summary form, they will contain a degree of personal health information about fitness to practise, such as brief notification/disclosure information, key points from any reports/submissions received, the course of any illness/recovery, any issues around fitness, and points from any independent advice/recommendations received that are relevant to fitness to practise.

How does the Privacy Act 1993 and the Health Information Privacy Code 1994 apply to personal health information acquired and held by the Council?

Council is an 'agency' under the Privacy Act, and the Health Information Privacy Code. The information we ask for is consistent with our statutory purpose to determine if a doctor is fit for registration. We need to know if any applicant doctor has a condition (mental or physical) that affects, or could affect, their practice, and we need to know to what extent, if any, this impacts on their ability to practise.

To read more on ways in which we may use this information, go to '*About us*' on Council's website.

How Council respects doctors' rights regarding their personal health information

Some of the key ways in which this is done are:

- the Health Committee, a small standing Committee of Council, is authorised to act both for Council and for Council's Registrar in the majority of these health matters. This ensures that information provided is available only to those who need to be involved in the decision-making, namely the Health Committee, as well as those supporting it – the Health Team, Council's Chief Executive, Registrar, and Deputy Registrar
- managing confidentiality by having appropriate security around paper and electronic files
- providing mechanisms for doctors and others to use so that information is received directly by the Health team
- ensuring that all staff and contractors are bound by confidentiality agreements
- taking care to establish and manage potential conflicts of interest.

Liaison with prevocational educational supervisors or the DHB's Chief Medical Officer (or equivalent authority) and the DHB's occupational health service

The Council has a Memorandum of Understanding (MOU) with DHBs. Sometimes new interns benefit from additional support. This might be because they have some residual symptoms of a condition (for example a brain injury), a hearing impairment, a transmissible major viral infection that precludes exposure prone procedures, a relapsing/remitting condition, a partially treated condition. Also, some interns may need protected time for treatment/review appointments and so on. The new intern will be asked to have some discussion with the prevocational educational supervisor assigned to them. In some instances there may be some more formal communication from the Council or Health Committee through the Health Case Manager.

The rationale for this is to ensure that the DHB has all the necessary information it needs to assist interns with a smooth transition from medical school to a practising doctor. For example it can take health issues into account when assigning doctors to clinical attachments.

There is more information on our website about the Health Committee's role and approach when registered doctors have a condition affecting their ability to practise. <https://www.mcnz.org.nz/fitness-to-practise/health-concerns/>

Updated June 2018



Working towards registration in the General scope of practice: New Zealand/Australian graduates

We understand you are completing your final year of medical school. By now you will have started the process of applying for a position within a District Health Board (DHB), through the Advanced Choice of Employment (ACE) scheme. Once the matching process is complete and you have accepted an offer of employment you will need to apply for registration in the Provisional general scope of practice.

Once your provisional general registration is approved (November 2018) you will be required to work towards meeting the requirements for registration in the General scope of practice.

The requirements are as follows:

1. The satisfactory completion of four accredited clinical attachments.
2. The substantive¹ attainment of the learning outcomes outlined in the *New Zealand Curriculum Framework for Prevocational Medical Training* (NZCF) (prior learning from the trainee intern year will be taken into account).
3. Completion of a minimum of 10 weeks full-time equivalent in each clinical attachment. Full time is equivalent to a minimum of 40 hours per week.
4. Advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE Advanced dated within 12 months of general scope application.
5. A recommendation for registration in the General scope of practice from a Council approved Advisory Panel (explained on pg2).

In addition, you will be required to establish an acceptable professional development plan (PDP) for your second postgraduate year (PGY2), to be completed during PGY2. The PDP will be reviewed and endorsed by the Advisory Panel at the time that it decides whether to recommend your registration in the General scope of practice.

Note: Registration within the General scope of practice is not approved automatically at the end of your first postgraduate year (PGY1). On satisfactory completion of the above requirements, you will need to apply for a general scope of practice via ePort.

Some of the key elements that contribute to your prevocational learning experience are described below.

Prevocational educational supervisor

When you commence your internship you will have a prevocational educational supervisor to offer support and provide feedback over the course of the year. Your prevocational educational supervisor will meet with you at the beginning of PGY1 and after each clinical attachment.

ePort

If you have been completing your studies at one of the New Zealand medical schools, you will already have logged into your e-portfolio (ePort) and begun recording prior learning in your NZCF log, along with recording goals in your PDP.

¹ Each intern is expected to make progress in attaining the learning outcomes in the NZCF. To be considered sufficient, interns should record the attainment of at least 75% (279) of the learning outcomes by the end of PGY1

You will be able to record the skills and knowledge acquired during PGY1 and PGY2 through your ePort. Your prevocational educational supervisor and clinical supervisor from each attachment will have access to, and be able to enter information into, your ePort. ePort is made up of a number of elements. These include:

- NZCF log
- PDP
- professional development activities
- beginning and mid attachment meetings
- end of clinical attachment assessments.

Please note that registering with ePort is different to registration with the Medical Council of New Zealand.

New Zealand Curriculum Framework

During PGY1 you will work towards substantively attaining the learning outcomes of the New Zealand Curriculum Framework (NZCF). You will update your progress on attaining the learning outcome in your NZCF log in ePort.

The learning outcomes can be attained through clinical attachments, the formal education programme and individual learning. Interns may record the learning outcomes as complete in any of the following circumstances:

- The intern has demonstrated competence in the learning outcome.
- The intern has participated in the learning outcome.
- The intern has knowledge of the learning outcome (either through self-directed learning or through formal or informal teaching).
- Covered during the final year at medical school (prior learning).

Any combination of these options is satisfactory, as long as progression through the PGY1 and PGY2 intern years is demonstrated.

Performance Development Plan (PDP)

You are required to create and continually update a PDP throughout PGY1 and PGY2. A PDP is an electronic planning document that will assist you to reflect on achievements to date and identify what you need to learn in order to substantively attain the learning outcomes in the NZCF. It will help you to structure and focus your learning, strengthen existing skills, and develop new skills. Both your prevocational educational supervisor and clinical supervisor on each attachment will help you to draft your PDP, and will be able to view it and make comments on your progress in achieving your individual goals.

Framework for assessment

On each clinical attachment you will be under the supervision of a clinical supervisor. You will meet with your clinical supervisor at the beginning, middle and end of each clinical attachment to discuss your progress and performance and update your PDP. At the end of the clinical attachment your clinical supervisor will complete an *End of clinical attachment assessment* in your ePort, which you will need to sign off.

Advisory panel to make a recommendation for registration in the General scope of practice

At the end of PGY1 when you have satisfactorily completed four clinical attachments, an approved Advisory Panel (set up within each training provider) will meet to discuss your overall performance and make a recommendation to Council (the decision maker) for registration in the General scope of practice.

The panel will include:

- a CMO or CMO delegate who will chair the panel
- your prevocational educational supervisor
- a second prevocational educational supervisor who may be from your training institution, or from a different training institution
- a lay person.

If you have further questions regarding the prevocational training requirements for doctors in New Zealand please email: prevocationalmailbox@mcnz.org.nz or call 0800 436 555.